

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/601151 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	1						51							
2		1					52							
3	1						53							
4	1						54							
5		1					55							
6		1					56							
7	1						57							
8		1					58							
9	1						59							
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11	1						61							
12		1					62							
13		1					63							
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17	1						67							
18		1					68							
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44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	8													
TOTAL DEP.	12	↔		↔		↔								
TOTAL CLAIMS	20													